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Running reports from Bowel Cancer Screening

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Approved by:	Bowel Screening Operational Meeting	
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Key Amendments

Date	Amendment	Approved by
19th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake

Introduction
The purpose of this guideline is:

- To indicate which reports within Bowel Cancer Screening System are run frequently.
- To ensure action is taken, where necessary, based on the findings of the reports.
- To indicate who is responsible for running these reports.

Details of Guideline
Reports are obtained through the Reports tab from the main menu of the Bowel Cancer Screening System. The following reports listed, are those, which should be run regularly (as indicated) and where action may be required as a result.

Failsafe Reports
- **Date Report Last Requested**

  This report should be used to ensure that all other reports have been run at the agreed time period. This report should be run once a month by the lead administrator and discussed at the monthly team meeting.

- **Screening Subjects with Inactive Open Episode (Bowel Cancer Screening System)**

  This report lists any screening subjects within an episode of screening which has been inactive for a specific number of days (default value is set at 30 days). This report is also available as an alert on the Main Menu screen within Bowel Cancer Screening System. It is the responsibility of all SSPs to ensure that no screening episode remains inactive when the data is available for an episode to be progressed. The lead nurse will also run this report on a weekly and obtain

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information if required to enable progression of episode. Findings of this report will be discussed with the Screening Director and Programme Manager on a weekly basis.

Operational Reports

- **Appointment Attendance Not Updated**
  This report aids identification of any patients who have attended clinic, where clinic attendance has not been recorded. SSPs can use the report to assist them with recording of attendance. This report should run weekly to ensure all attendances have been recorded.

- **Screening Practitioner 6 Weeks Availability Not Set Up**
  This report shows a break down by SSP of the clinic set up for the next 6 weeks. This report should be used when setting up clinics and in conjunction with the SSP rota. An alert indicating clinics are not set up will appear under alerts on the main menu of BCSS, for the individual SSP or Screening Centre Manager Bowel Cancer Screening System user roles. It is necessary for there to always be 6 weeks of clinics available.

- **Screening Practitioner Appointments**
  This report shows the patients booked into clinics for a week by week view. SSPs may wish to use this report to look patients they are due to see.

- **Subject Has Been Ceased**
  This report illustrates patients who have been ceased from screening. Patients should only be ceased because they have no functioning large bowel or because they do not wish to be screened. Screening is automatically ceased also for subjects who are deceased or outside of the screening age range (although those above the age range are eligible to opt-in for screening.) This report should be run monthly to ensure ceasing has been correctly performed.

- **Subject Has Been Unceased**
  This report identifies subjects who were ceased and have been unceased. This report should be run monthly to ensure that any subjects who have been unceased are not inactive.

- **Subject has had Date of Death Notification Reversed**
  This report identifies any subjects who had been marked as deceased, and this has been reversed. This report should be run monthly to ensure any subjects where this has happened have been progressed along the screening pathway adequately.

- **Subject's Screening Episode Awaiting Action**
  This report lists screening episodes awaiting action. These are patients who have requested time to consider their decision to proceed with investigations or where a clinician review prior to arranging investigations is required. This report is also available as an alert on the Main Menu screen within Bowel Cancer Screening System. This report should be reviewed weekly to ensure action is taken as soon as possible.

- **Subjects Opted Out of Episode/Programme**
  This report allows you to drill down to identify subjects / patients who have opted out of either an episode of screening or the programme entirely. This report is useful to identify the numbers of patients commencing an episode of screening and opting out at a later date and also for auditing the reasons patients opt out of screening entirely.

- **Subjects with Screening Status of Seeking Further Data**

This report shows subjects who have been marked as deceased based on a notification from family etc, but is awaiting formal notification via PCT / NHAIS. This report should be run monthly to ensure data is being obtained in a timely manner.

- **Patients Awaiting Action Regarding Diagnostic Test**
  This report, which is also available as an alert of the Main Menu of Bowel Cancer Screening System, shows patients where action is required about a diagnostic test. This includes patients awaiting results following an investigation and patients where further assessment is required. This report should be run weekly to ensure timely progression along the BCSP pathway.

- **Patients Not Informed of Diagnostic Test Result Before Episode Closed**
  This report should be run on a weekly basis to identify any instances of screening episodes being closed where patients are not informed of the diagnostic test results. No patient should have a screening episode closed whilst they are not aware of a diagnostic test result, unless the patient has died whilst awaiting the result.

- **Patients with Incomplete Datasets**
  This report should be run weekly. For further details about this report see Guideline for Running 'Missing Data' Reports.

- **Letters Recently Amended By National Administrator**
  This report enables the screening centre to identify changes to national letter templates. This report should be run weekly to ensure the screening centre is up-to-date with any changes.

- **Patients with Possible Duplicate Diagnostic Tests**
  This report highlights any patients who may have duplicate diagnostic tests recorded on the BCSS. This report will also feature as an alert on the Main Menu of BCSS. It is necessary to action the alert should it appear on the main menu, or run this report weekly to ensure timely progression of the episode.

- **Patients Invited for a Diagnostic Test whose Episodes have been open for more than n months**
  This report enables a search on episodes where the patient has been invited for a diagnostic test which has been open for a specific number of months. This report should be run on a monthly basis and checks made on a patient whose episode has been open for more than 3 months. There are legitimate reasons an episode may be open for longer than this (e.g. 3 month repeat procedure required to check polyp site).

- **Incomplete Requests to Cease**
  This report identifies subjects where a request to cease has not yet been completed. This report should be run on a monthly basis to ensure timely progression. Any outstanding requests to cease should be discussed with the screening hub.

Strategic Reports

- **Count of Communication Types Produced**
  This report allows review of the numbers of communication types produced. This report should be reviewed monthly to check the levels of communications sent. Any anomalies should be investigated.

- **Estimate of Subjects to be Invited for Screening**
  This report should be used for capacity planning, as it allows you to see numbers of subjects due to be invited for screening over a two year period.

- **Screening Practitioner Attended Appointments**
  This report allows a breakdown of the patients seen by an individual SSP for a specified time period.

QA Report: Dataset Completion

- **Dataset Completion**
  This report allows review by SSP of dataset completion. This report should be run on a monthly basis, allowing time for the most recent datasets to be completed (i.e. there may be a small number of recent datasets incomplete as further information may be required to allow completion, this should be taken into consideration if running the report up to date.)

Cancer Waiting Times Reports

- **Patients With Positive FIT Results**
  This report identifies patients with a positive FIT results for a specified time period. This report is of use for checking for new referrals, but does not need to be regularly run.

- **Patients Whose First Assessment Appointment Is Booked More Than 14 Days In Advance**
  This report identifies patients whose first positive assessment clinic appointment is booked over 14 days from positive FIT. This may be due to the patient telephoning to reschedule an appointment. It is a QA requirement that all first offered clinic appointments are within 14 days of positive FIT result. This report should be used in conjunction with the SSP waits report available via OBIEE to check for appointment breaches.

- **Patients With New Positive FIT Result**
  This report, which also appears an alert on the main menu page of the BCSS system, notifies the screening centre of positive FIT results read at the screening Hub. Once a patient has been reviewed they will be removed from this list. These should be reviewed through the alert on a daily basis.

Dashboard
The dashboard can be used to produce performance reports monitoring the screening centre against quality assurance performance standards.